

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

- ☐ **YES!** I wish to have my employer deposit my net pay amount each payday directly to my account at the financial institution shown below. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed.

**Name of Financial
Institution** _____

**Branch (City
and State)** _____

Checking (C) _____
Savings (S) _____

I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment.

Please staple to the original form a Voided
Check (Checking Account) or a Deposit Slip (Savings Account) for your
Financial institution and account.

- ☐ Terminate direct deposit of my net pay amount and issue a payroll check instead.

Signed _____ **-Date** _____ **SS#** _____
Employee's Full Name

(You are not legally required to furnish the above information. This information is required if you wish to participate in the Direct Deposit Program).

To be completed by the Agency Payroll Section:

**Bank Routing
(ABA) Number**

Bank Account Number

**Checking (C)
Savings (S)**

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Employee direct deposit information in the Payroll System has been verified. Direct Deposits to the above bank and account should begin in 3 to 4 paydays.

Initialed by _____ Date _____

AGY ____ PAY ____ ACT ____